Bureau of HIV/AIDS

Florida Annual Report 2011

Acquired Immune Deficiency Syndrome/ Human Immunodeficiency Virus

FLORIDA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
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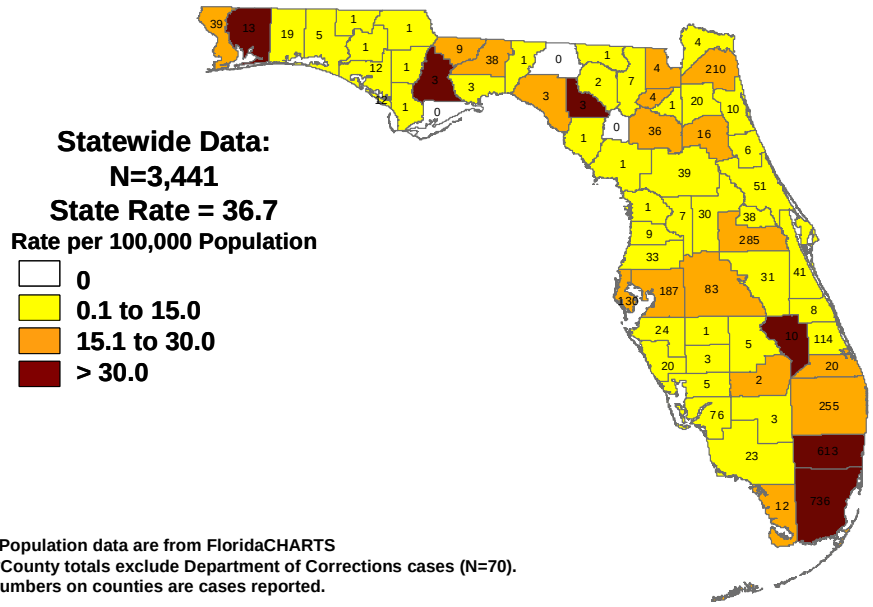
FLORIDA DEPARTMENT OF HEALTH

Florida, Annual Report, 2011
Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus

Florida ranked third among states in the estimated number of acquired immune deficiency syndrome (AIDS) cases diagnosed in 2010 (N=33,015), (the most recent year for which data is available nationally). That year, a total of 4,243 (12.9% of the U.S. total) AIDS cases were diagnosed in California, followed by 4,018 (12.2%) in New York and 3,658 (11.1%) in Florida. Florida also ranks third behind New York and California for the cumulative number of AIDS cases diagnosed through 2010.

In 2011, at least one AIDS case was reported in all but three counties in Florida (Figure 1). Although the AIDS epidemic is widespread throughout Florida, the majority of cases were reported from eight counties: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas and St. Lucie, all reporting over 100 cases in 2011. These eight counties reported a combined total of 2,531 cases, or 74% of Florida's total reported cases in 2011 (N=3,441). The greatest numbers of AIDS cases were reported from two counties located in the southeastern part of the state, Broward (N=613) and Miami-Dade (N=736). These two counties reported a combined total of 1,349 cases in 2011, 39% of the statewide total.

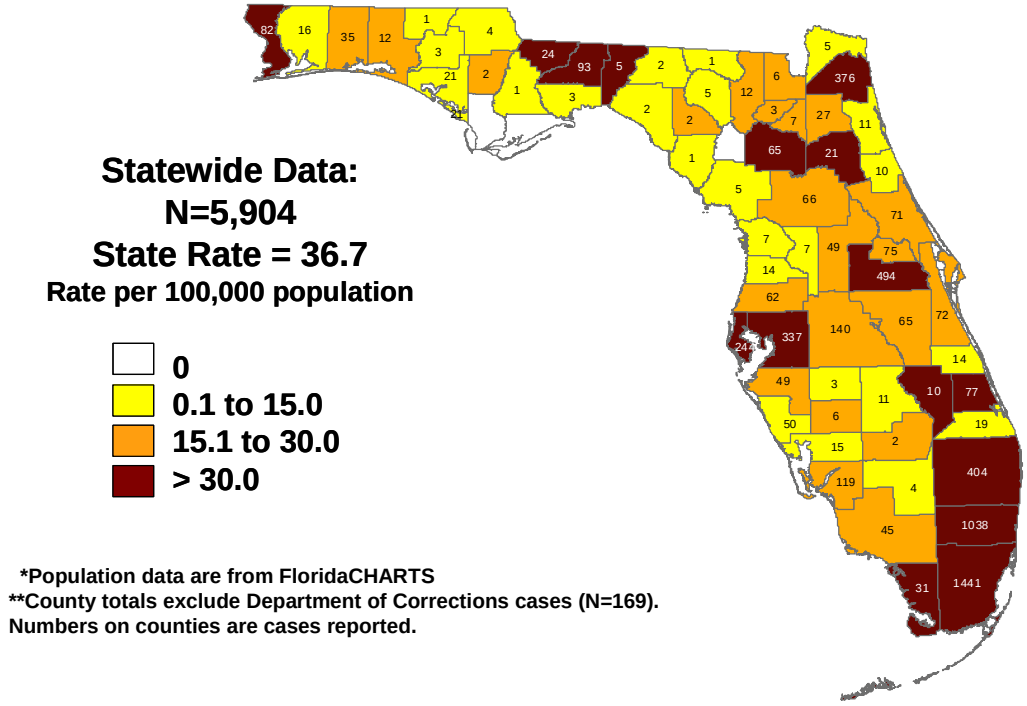
Figure 1. AIDS Cases and Rates by County of Residence at Diagnosis, Florida, 2011



Florida ranked first in the U.S. in the number of cases Human Immunodeficiency Virus (HIV) infection reported in 2010 (N=43,607) (which is the most recent year data is available nationally). That year, a total of 5,251 (12.0% of the U.S. total) HIV Infection cases were reported in Florida, followed by 5,015 (11.5%) in California and 4,313 (9.9%) in New York.

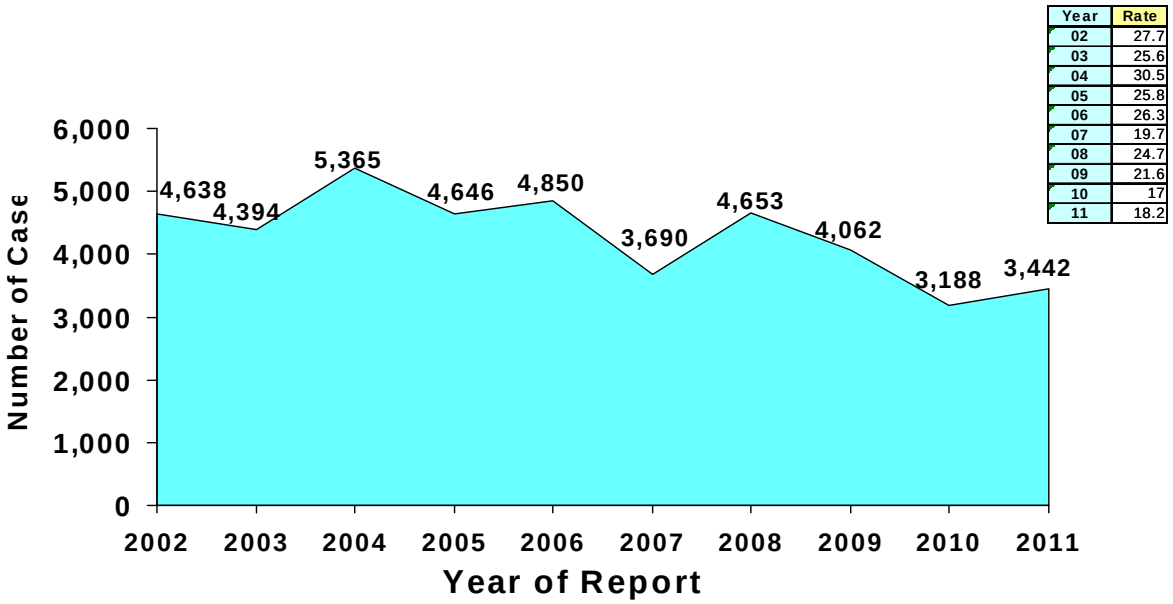
In 2011, at least one HIV Infection case was reported in all but three counties in Florida. Nine counties reported 100 or more cases (Figure 2). These nine counties included Broward, Duval, Hillsborough, Lee, Miami-Dade, Orange, Palm Beach, Pinellas and Polk. They reported a combined total of 4,606 cases, or 78% of Florida's total reported cases in 2011 (N=5,904). The greatest numbers of HIV cases were reported from Miami-Dade (N=1,445), Broward (N=1,040), and Orange (N=495). These three counties reported a combined total of 2,980 cases in 2011, or 50% of the statewide total.

Figure 2. HIV Infection Cases and Rates by County of Residence at Diagnosis, Florida, 2011



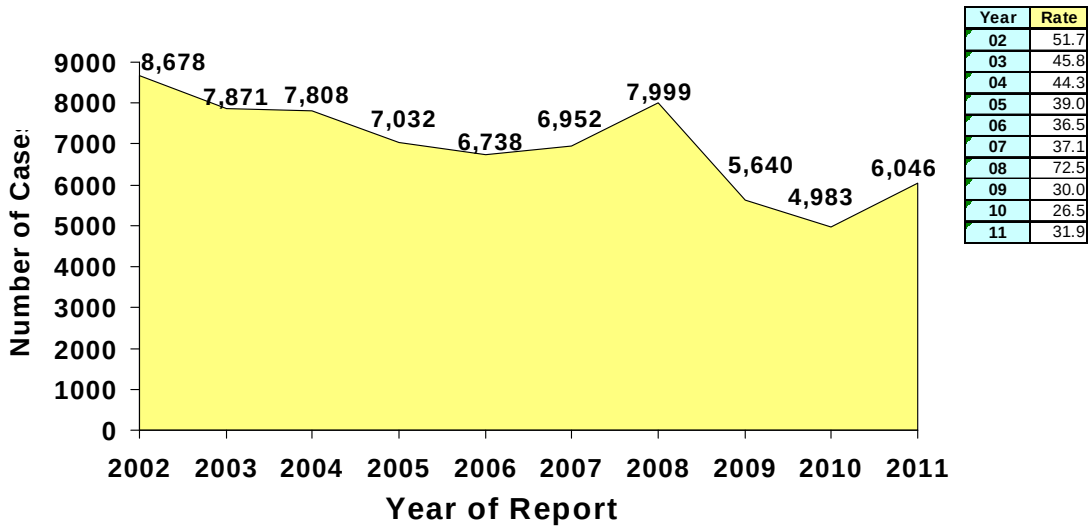
Reported AIDS cases increased in 2004 due to increased CD4 testing statewide. Electronic laboratory reporting delays in late 2007 decreased cases that were able to be reported in that year, while contributing to an artificial spike in 2008. The expansion of electronic lab reporting in 2008 increased the completeness and timeliness of reporting, which further contributed to the peak that year (Figure 3).

Figure 3. AIDS Cases and Rates by Year of Report, Florida, 2002-2011



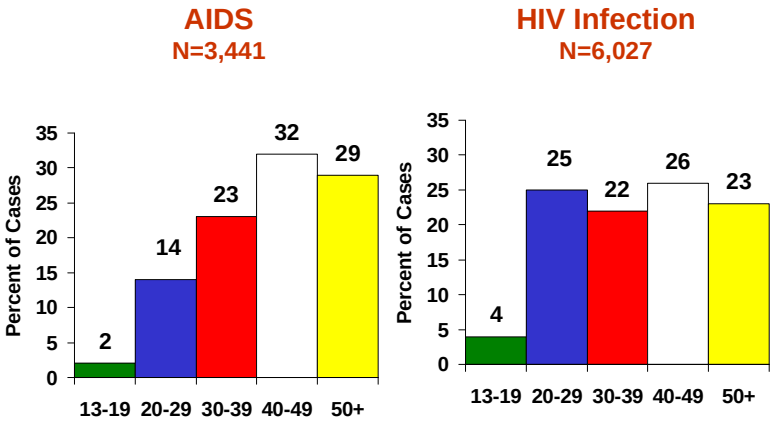
Since 2002, newly reported HIV infection cases have decreased each year until 2007. In November 2006 reporting laws were changed to include additional types of laboratory results. This, along with the expansion of electronic lab reporting in 2008 led to more cases being reported during that time (Figure 4).

Figure 4. HIV Infection Cases and Rates by Year of Report, Florida, 2002-2011



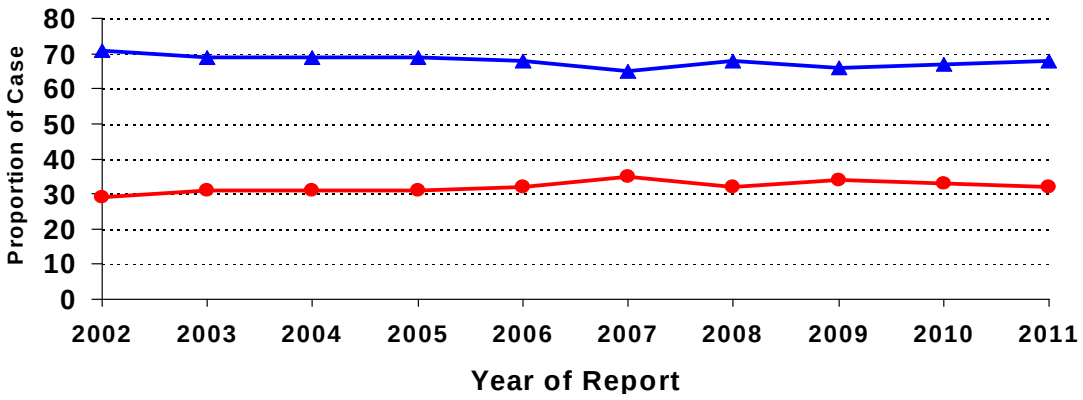
Adult AIDS and HIV Cases by Age, Gender, Race/ethnicity and Mode of Transmission
Adult cases for both AIDS and HIV are defined as those occurring in people 13 years of age and older. The analysis shown below includes only adult cases. As in previous years, the greatest proportion of AIDS cases reported in 2011 was among persons 40-49 years old (32%) (Figure 5). This year, the 50+ age group was second, with 29% of the reported AIDS cases, followed by the 30-39 age group with 23%. As with AIDS cases, a greater proportion of HIV cases in 2010 were also reported among those aged 40-49 (26%) followed by those aged 20-29 (25%) and the 50+ age group (23%).

Figure 5. Age Distribution of Adult AIDS Cases Compared with the Age Distribution of Adult HIV Infection Cases, Reported in Florida in 2011



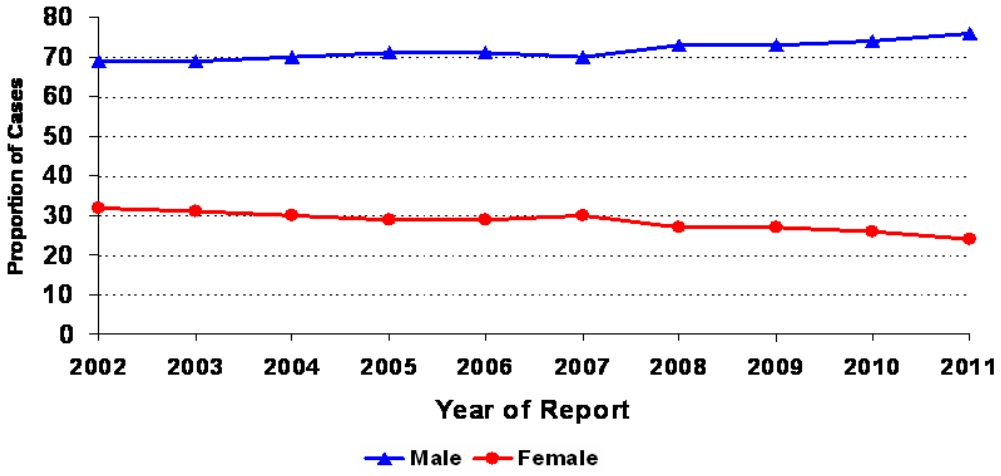
Although the proportion of adult AIDS cases among men and women has remained fairly level, the proportion of female AIDS cases increased from 29% in 2002 to 32% in 2011 (Figure 6). As the proportion of females increase, the ratio of males-to-females decreases, thus the male-to-female ratio declined slightly from 2.4:1 in 2002 to 2:11 in 2011.

Figure 6. Proportion of Adult AIDS Cases by Sex and Year of Report, Florida, 2002-2011



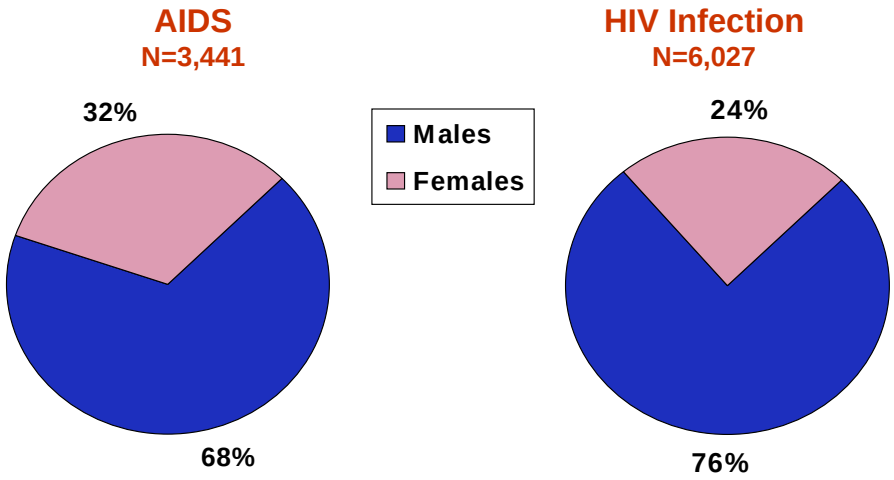
In 2011, 76% of the adult HIV infection cases were male, compared to only 69% in 2002 (Figure 7). Over the past ten years, the proportion of HIV infection cases among men has increased while the proportion among women has decreased. The result is an increase in the male-to-female ratio, from 2.2:1 in 2002 to 3.2:1 in 2011. The relative increase in male HIV cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM).

Figure 7. Proportion of Adult HIV Infection Cases, by Sex and Year of Report, Florida, 2002-2011



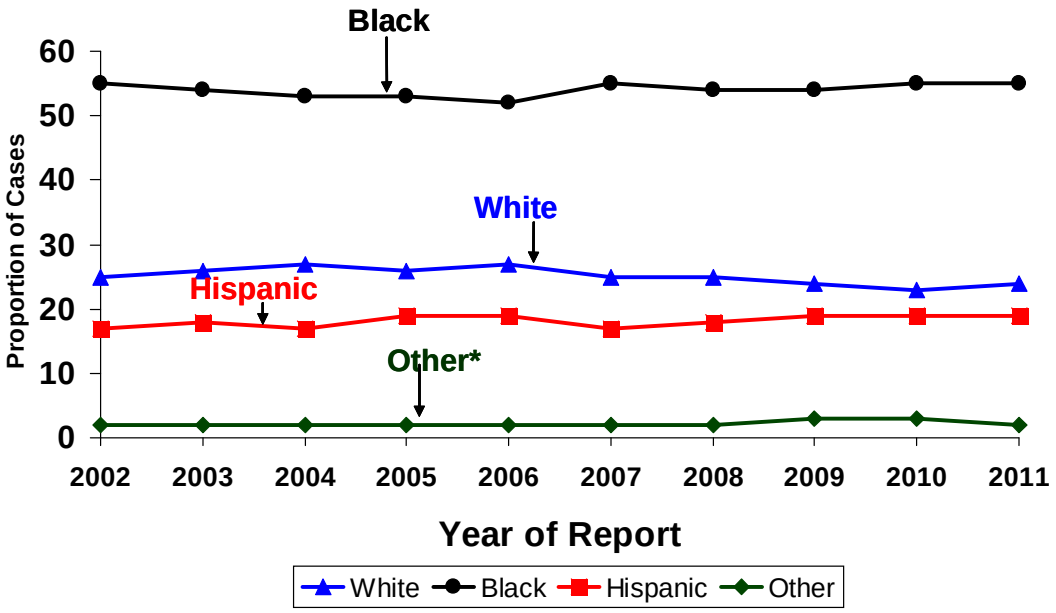
In 2011 a larger proportion of AIDS cases were reported in women compared to the proportion of HIV infections (Figure 8). This reflects recent trends as noted above.

Figure 8. Adult AIDS and HIV Infection Cases by Gender, Reported in Florida, 2011



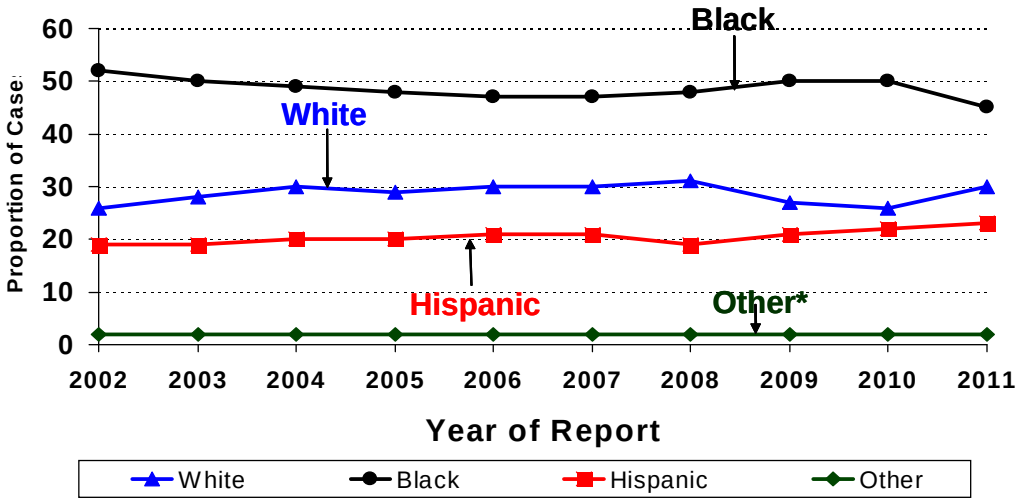
Historically, blacks account for over 50% of the reported AIDS cases each year. Of the adult AIDS cases reported in 2011, 24% were white, compared to 55% black and 19% Hispanic (Figure 9). Over the past 10 years, the proportion of AIDS cases has remained fairly level among all race/ethnic groups. (Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial).

Figure 9. Proportion of Adult AIDS Cases, by Race/Ethnicity and Year of Report, Florida, 2002–2011



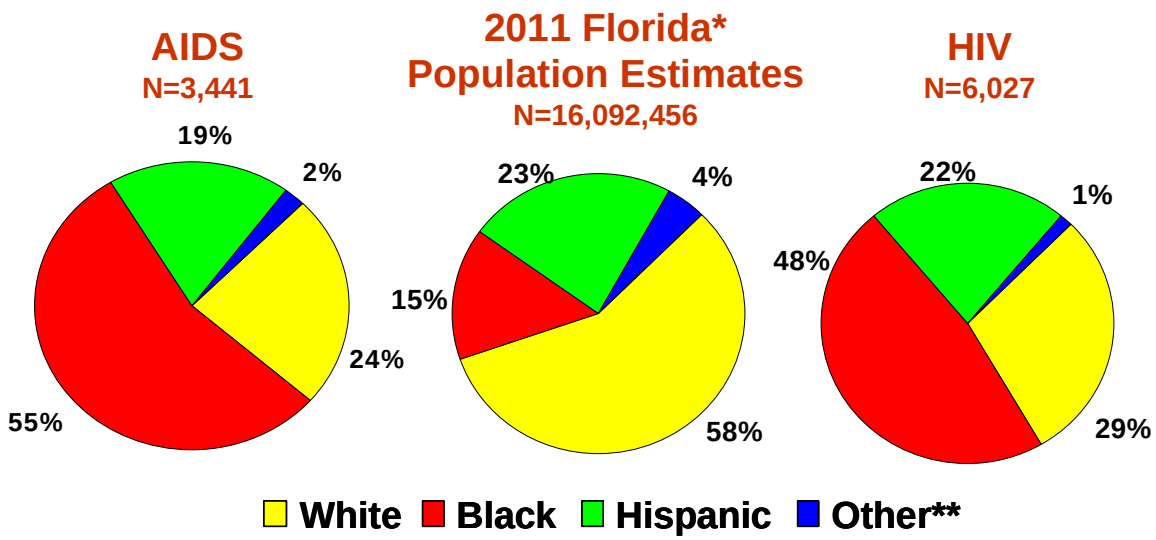
Of the adult HIV infection cases reported in 2002, 26% were white, while 52% were black and 19% were Hispanic (Figure 10). The proportion of black HIV cases (compared with other racial/ethnic groups) has decreased by 7 percentage points from 2002 to 2011. In contrast, increases were observed among both white (4%) and Hispanic (4%) HIV infection cases over this same time period.

Figure 10. Proportion of Adult HIV Infection Cases, by Race/Ethnicity and Year of Report, Florida, 2002–2011



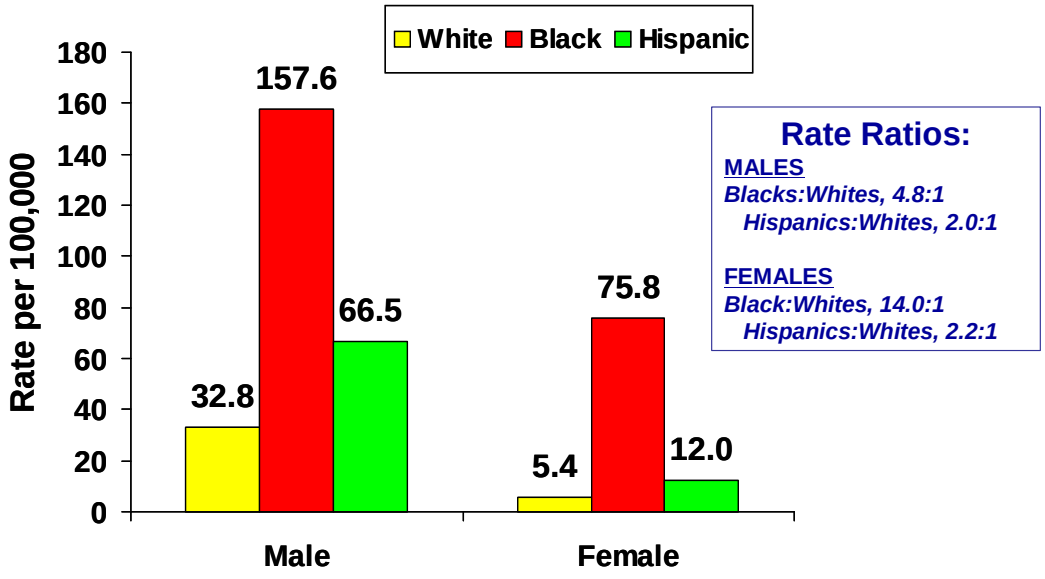
Blacks comprise only 15% of the adult population in Florida, but represent 55% of adult AIDS cases and 48% of adult HIV infection cases reported in 2011 (Figure 11).

Figure 11. Adult AIDS and HIV Infection Cases and Population, by Race/Ethnicity, Reported in Florida, 2011



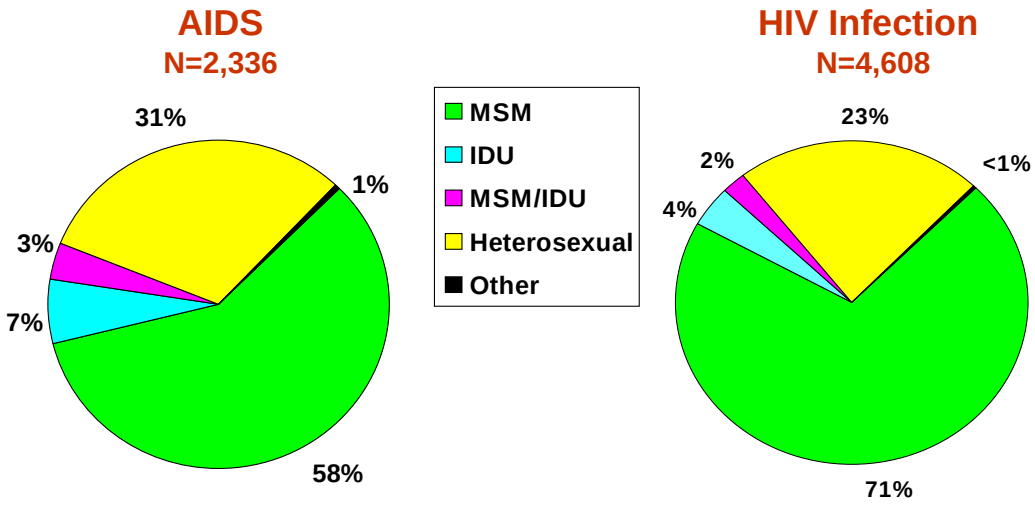
Black men and, to an even greater extent, black women are over-represented in the HIV epidemic (Figure 12). The HIV case rate for 2011 is almost five times higher among black men than among white men. Among black women, the HIV case rate is 14 times higher than among white women. Hispanic male and Hispanic female rates are twice as high as the rates among their white counterparts.

Figure 12. Adult HIV Infection Case Rates by Sex and Race/Ethnicity, Reported in Florida, 2011



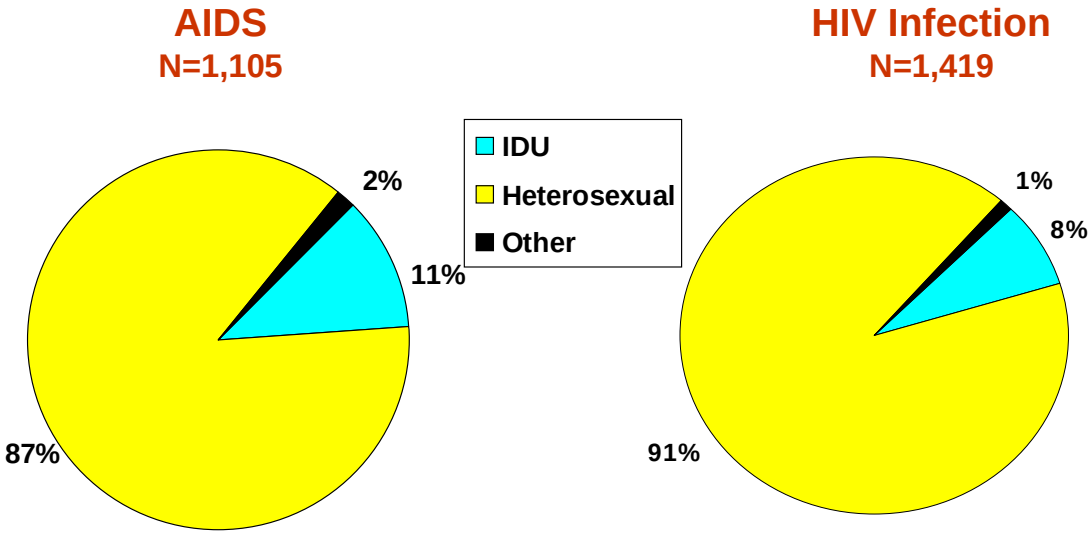
For AIDS and HIV infection cases in men reported in 2011, men who have sex with men (MSM) was the most common risk factor (58% and 71% respectively) followed by cases with a heterosexual risk (31% for AIDS and 23% for HIV) (Figure 13). There has been in increase in newly reported HIV cases among MSM over the past couple of years (data not shown). This is demonstrated by the higher percent of MSM among HIV cases compared to AIDS cases, as HIV cases tend to represent a more recent picture of the epidemic.

Figure 13. Adult Male AIDS and HIV Infection Cases by Mode of Exposure, Florida, 2011



For AIDS and HIV infection cases among women reported in 2011, heterosexual contact was the highest risk (87% and 91% respectively) (Figure 14).

Figure 14. Adult Female AIDS and HIV Cases by Mode of Exposure, Florida, 2011

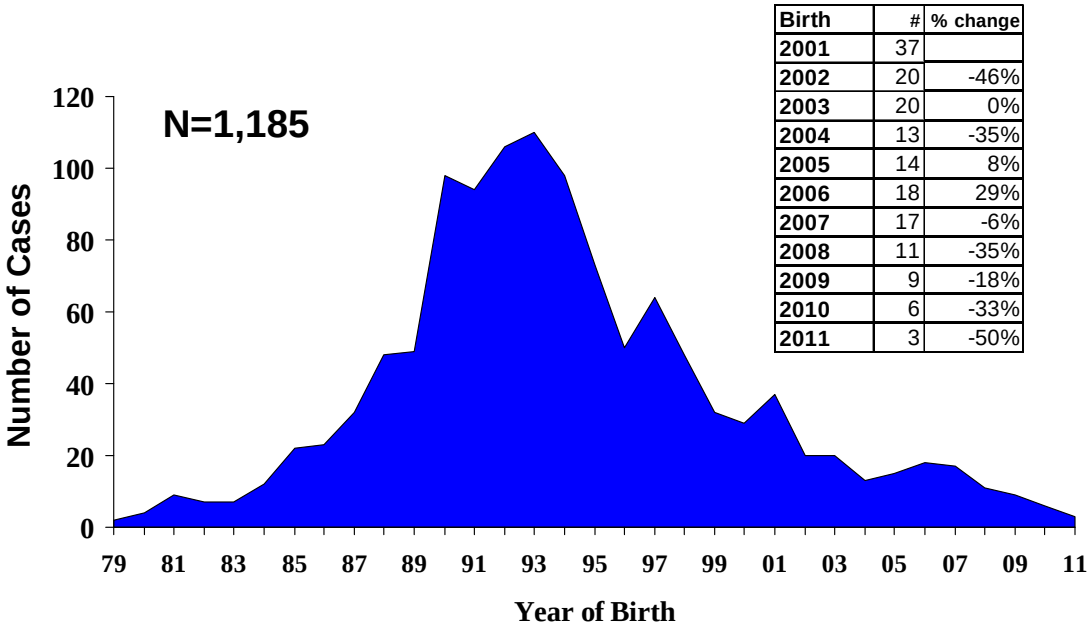


Perinatal HIV/AIDS Cases

Of the 1,185 perinatally infected babies born in Florida from 1979 through 2011, two were born as early as 1979 (Figure 15). The birth of HIV-infected babies continued to rise through 1993. In April 1994, the U.S. Public Health Service released guidelines for zidovudine (ZDV) also known as azidothymidine (AZT), used to reduce perinatal HIV transmission, and in 1995 recommendations for HIV counseling and voluntary testing for pregnant women were published. Florida law, beginning in October 1996 required the offering of HIV testing to pregnant women. As a result of this increase in testing for HIV infection, more HIV positive women could be offered ZDV during their pregnancy. Through enhanced perinatal surveillance systems, it has been documented that ZDV use among exposed infants and mothers of HIV-infected children has increased at the prenatal, intrapartum, delivery and neonatal stages.

Prevention of perinatal HIV remains a very high priority in Florida. In the past few years, the use of other medical therapies, including protease inhibitors, has supplemented the use of ZDV for both infected mothers and their babies. The use of these medical therapies has been accompanied by a decrease in the number of perinatally HIV-infected infants and is responsible for the dramatic decline in perinatally acquired HIV/AIDS since 1994. Furthermore, numerous initiatives have contributed to the reduction in these cases. Major initiatives in Florida include: seven Targeted Outreach to Pregnant Women Act (TOPWA) programs, three perinatal nurses located in the most heavily impacted counties, social marketing, and provider education. These initiatives have helped to further educate local providers on the importance of testing pregnant women for HIV and then offering effective treatment during the pregnancy and at delivery to further decrease the chances of vertical transmission. There was a sharp decrease in 1993 with a leveling trend from 2002 to 2007, followed by another sharp decrease. In summary, these successful initiatives have resulted in a 97% decline in HIV-perinatally infected births in Florida from 1993 (N=110) to 2011 (N=3).

Figure 15. Perinatal HIV/AIDS Cases by Year of Birth, Born in Florida, 1979-2011 (N=1,185)



Birth	#	% change
2001	37	
2002	20	-46%
2003	20	0%
2004	13	-35%
2005	14	8%
2006	18	29%
2007	17	-6%
2008	11	-35%
2009	9	-18%
2010	6	-33%
2011	3	-50%

Prevalence Estimate of HIV Infection in the U.S. and Florida

Assessment of the extent of the HIV epidemic is an important step in community planning for HIV prevention and HIV/AIDS patient care. The HIV prevalence estimate, the estimated number of persons living with HIV infection, includes those living with a diagnosis of HIV or AIDS and those who may be infected but are unaware of their serostatus. Approximately 1,128,350-1,228,500 persons are currently living with HIV infection in the U.S. Florida has consistently reported 10-12% of the national AIDS morbidity and currently accounts for 11% of all reported persons living with AIDS in the U.S. The Department of Health now estimates that at least 130,000 persons, or roughly 11% of the national total, are currently living with HIV infection in Florida as of the end of 2010.

There are some small differences and a few substantive differences between the proportional distributions of populations living with HIV infection in Florida as compared to the U.S. as a whole as noted in the table below (Figure 16). Florida has a higher proportion of women (30%) compared to the U.S. (24%). By race/ethnicity, Florida has a higher proportion of blacks (49%) compared to the U.S. (43%). By mode of exposure, Florida has a lower proportion of MSM (46% vs. 51%) and IDU (10% vs. 16%). However, Florida has a higher proportion of cases with heterosexual contact (38% vs. 26%). By age group the U.S. has a higher proportion of persons living with HIV infection over the age of 50 (33% vs. 28%).

Figure 16. Persons Living with HIV Infection in the U.S. (2009)* and Florida (2010).

Subgroup N=	U.S. 784,701	Florida 95,335
Male	76%	70%
Female	24%	30%
White	35%	30%
Black	43%	49%
Hispanic	19%	20%
Other	3%	2%
MSM	51%	46%
IDU	16%	10%
MSM/IDU	6%	4%
Heterosexual	26%	38%
Other	2%	2%
Age 0-24	5%	7%
Age 25-49	63%	65%
Age 50+	33%	28%

Source: U.S. Data: CDC, HIV Surveillance Report, 2010, Vol. 22, Table 17a, estimated for 46 states with confidential name-based HIV infection reporting. Living data through 2009 is most recent national data available.
Florida Data: eHARS, alive and reported through 2010, as of 05/26/11.

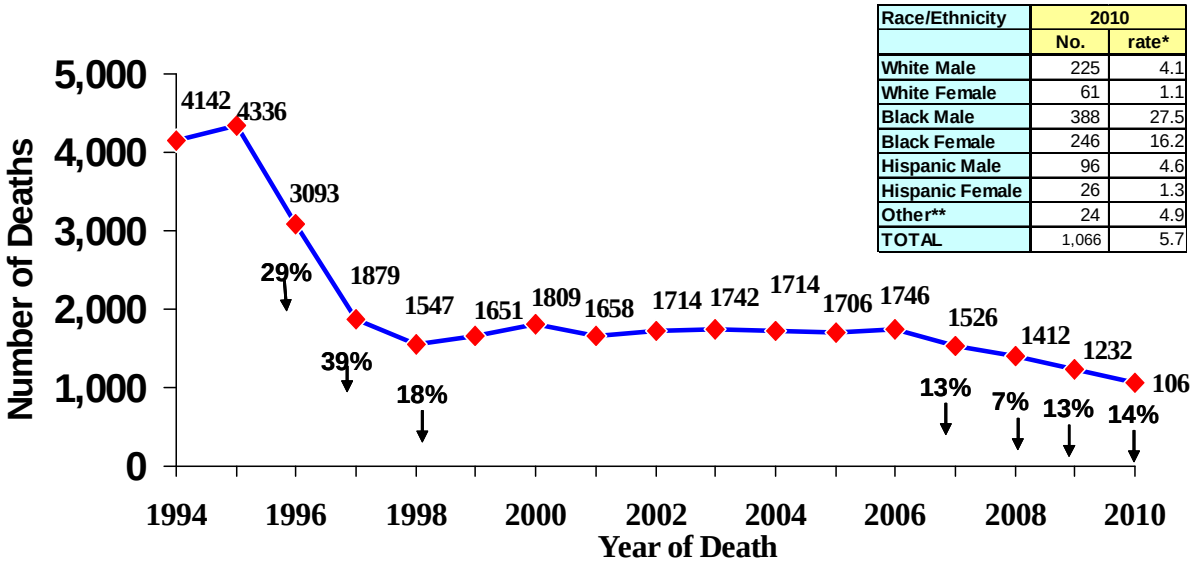
Impact of HIV-Related Deaths

As of December 31, 2010 a cumulative total of 121,161 AIDS cases were reported in Florida. Of these cumulative cases, 66,848 (55%) were known to have died. HIV/AIDS deaths decreased markedly from 1996-1998 after the advent of highly active anti-retroviral therapy (HAART) in 1996. A leveling of the trend since 1998 may reflect factors such as viral resistance, late diagnosis of HIV, adherence problems, and lack of access to or acceptance of care (Figure 17).

In 2007, for the first time in 10 years, the number of HIV-related deaths decreased by 13% from the previous year, and 75% since the peak year in 1995. Since 2007, deaths have continued declining each year, down to 1,066 in 2010.

According to the Florida Office of Vital Statistics, for persons 25-44 years of age, in 2010 HIV was the: 6th leading cause of death, 4th leading cause of death among blacks (down from number 1 for the first time ever since 1988), 8th leading cause of death among both whites and Hispanics, and the 6th leading cause of death among men but the 5th leading cause among women.

Figure 17. Resident HIV deaths, by year of death, Florida, 1994–2010



Race/Ethnicity	2010	
	No.	rate*
White Male	225	4.1
White Female	61	1.1
Black Male	388	27.5
Black Female	246	16.2
Hispanic Male	96	4.6
Hispanic Female	26	1.3
Other**	24	4.9
TOTAL	1,066	5.7

*Source: Florida Department of Health, Office of Vital Statistics, Death Certificates (as of 10/25/11). Population data are provided by FloridaCHARTS.

Prevention Of HIV Disease In Florida

Because the most common ways HIV is transmitted is through unprotected anal or vaginal sex or sharing drug injection equipment with a person infected with HIV. It is important to take steps to reduce the risks associated with these activities. They include:

- Know your HIV status. Everyone between the ages of 13 and 64 should be tested for HIV at least once. If you are at increased risk for HIV, you should be tested for HIV at least once a year.
- If you have HIV, you can get medical care, treatment, and supportive services to help you stay healthy and reduce your ability to transmit the virus to others.
- If you are pregnant and find that you have HIV, treatments are available to reduce the chance that your baby will have HIV.
- Abstain from sexual activity or be in a long-term mutually monogamous relationship with an uninfected partner.
- Limit your number of sex partners. The fewer partners you have, the less likely you are to encounter someone who is infected with HIV or another STD.
- Correct and consistent condom use. Latex condoms are highly effective at preventing transmission of HIV and some other sexually transmitted diseases. “Natural” or lambskin condoms do not provide sufficient protection against HIV infection.
- Get tested and treated for STDs and insist that your partners do too.
- Male circumcision has also been shown to reduce the risk of HIV transmission from women to men during vaginal sex.
- Do not inject drugs. If you inject drugs, you should get counseling and treatment to stop or reduce your drug use. If you cannot stop injecting drugs, use clean needles and works when injecting.
- Obtain medical treatment immediately if you think you were exposed to HIV. Sometimes, HIV medications can prevent infection if they are started quickly. This is called post-exposure prophylaxis.
- Participate in risk reduction programs. Programs exist to help people make healthy decisions, such as negotiating condom use or discussing HIV status.

Florida’s comprehensive HIV prevention program provides high-quality culturally appropriate prevention and education services to Florida’s at-risk and HIV-infected populations. The program’s overarching goals include reducing the number of new HIV infections, increasing the proportion of HIV-infected persons who know their status, linking HIV-infected persons to care and support services, and reducing risky behaviors that might lead to HIV/STD infection.
Our comprehensive program has multiple components, each designed around evidence-based models that are targeted, monitored, and evaluated to ensure maximum effectiveness. The HIV prevention community planning process provides a voice for persons affected by and infected with HIV. The process is designed to allow information to flow from the top down and from the bottom up and to ensure that all of our prevention activities are aligned with our comprehensive prevention plan.

References

Centers for Disease Control and Prevention. “Basic Information about HIV and AIDS,” available at http://www.cdc.gov/hiv/topics/basic/index.htm . Accessed on 5/2/2011.

Additional Resources

Additional information about HIV and AIDS can be found on the CDC’s website in English and Spanish at http://www.cdc.gov/hiv/topics/basic/index.htm .
Please visit the Bureau of HIV/AIDS’s webpage to access additional reports as well as locate services across the state at http://www.doh.state.fl.us/disease_ctrl/aids/index.html.

Contact Information

Below are contact phone numbers and email addresses should you need Hepatitis, HIV, AIDS, STD or TB data.

HIV/AIDS Case Reporting/ Epidemiology/ Prevalence

AIDS Case Reporting/Data Requests/Surveillance Main Number (850)245-4430
- Lorene Maddox Lorene_Maddox@doh.state.fl.us
- Tracina Bush Tracina_Bush@doh.state.fl.us
- Julia Fitz Julia_Fitz@doh.state.fl.us

AIDS Drug Assistance Program/Patient Care Resources (850) 245-4335
AIDS Education & Prevention (850) 245-4336
HIV/AIDS Epidemiology/HIV Prevalence (850) 245-4448
Legal Issues (850) 245-4422

HIV/AIDS Incidence

Mariama Gondo Mariama_Gondo2@doh.state.fl.us

Hepatitis

Hepatitis Data Analysis/Vaccine and Testing/Educational Materials (850) 245-4334
- Phil Reichert Phil_Reichert@doh.state.fl.us

HIV Counseling and Testing Data

HIV Counseling and Testing/Seroprevalence & Special Studies (850) 245-4424
- Melinda Waters Melinda_Waters@doh.state.fl.us

Sexually Transmitted Disease Case Reporting

ICCR Clerk (850) 245-4325
STD Case Reporting/Data Requests/STD Prevention & Control Main Number (850) 245-4303
- Stacy Shiver Stacy_Shiver@doh.state.fl.us

Tuberculosis Case Reporting

TB Control Main Number (850) 245-4350
TB Case Reporting and Surveillance
- Sherri Austin Sherri_Austin@doh.state.fl.us

TB Surveillance and Epidemiology/Data Requests
- Kateesha A. McConnell Kateesha_McConnell@doh.state.fl.us

Other Important Numbers

Epidemiology (850) 245-4401
Florida AIDS Hotline (800) FLA-AIDS
National AIDS Hotline (800) 342-AIDS
National Data Requests (CDC fax) (404) 332-4565
TB Information Hotline (800) 4TB-INFO

Website Links

Below are some links that you may find useful.

http://www.cdc.gov	*Centers for Disease Control and Prevention*
http://www.cdc.gov/nchhstp/stateprofiles/usmap.html	*Centers for Disease Control and Prevention*
http://www.who.int	*World Health Organization*
http://hivinsite.uscf.edu	*HIV Insite*
http://thebody.com/index.html	*The Body*
http://www.medscape.com	*Medscape*
http://www.caps.uscf.edu/index.html	*Centers for AIDS Prevention Studies*
http://hopkins-aids.edu	*John Hopkins AIDS Service – Infectious Diseases*
http://ama-assn.org/special/hiv/hivhome.html	*Jama HIV/AIDS Information Center*
http://www.paho.org/selection.asp?SEL=TP&LNG=ENG&CD=OAIDSNSTD	*PAHO: AIDS/Sexually Transmitted Diseases*
http://www.ashastd.org	*The American Social Health Organization*
http://www.unaids.org	*UNAIDS*
http://www.nastad.org	*National Alliance of State and Territorial AIDS Directors*
http://iapac.org	*International Association of Physicians in AIDS Care*
http://www.nap.edu/books/0309071372/html	*National Academy Press, No Time To Lose (2000)*
http://wemakethechange.com	*We Make the Change*
http://lungfla.org/aspcode/index.asp	*American Lung Association of Florida*
http://floridaaidsaction.org/site/index.html	*AIDS Institute*
http://census.gov/ipc/www/hivaidsn.html	*US Census Bureau*
http://sis.nlm.nih.gov/HIV/HIVMain.html	*National Library of Medicine*
http://www.knowhivaids.org	*Know HIV/AIDS*